

10/541073

APPLICATION DATA SHEET

JC20 Rec'd PCT/PTO 29 JUN 2009

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: COMPOSITION HAVING ACTION PREVENTING  
OR ALLEVIATING SYMPTOMS OR DISEASES DUE  
TO AGING OF BLOOD VESSELS

Attorney Docket Number:: 001560-561

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yoshiyuki

Middle Name::

Family Name:: ISHIKURA

Name Suffix::

City of Residence:: Ibaraki-shi

State or Province of Residence:: Osaka

Country of Residence:: Japan

Street of Mailing Address:: 5-205, Nara-cho

City of Mailing Address:: Ibaraki-shi

State or Province of Mailing Address:: Osaka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 567-0874

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Chika  
Middle Name::  
Family Name:: HORIKAWA  
Name Suffix::  
City of Residence:: Ibaraki-shi  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: 1-17-2-504, Sawaraginishi  
City of Mailing Address:: Ibaraki-shi  
State or Province of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 567-0868  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yoshiko  
Middle Name::  
Family Name:: ONO  
Name Suffix::  
City of Residence:: Osaka-shi

State or Province of Residence:: Osaka

Country of Residence:: Japan

Street of Mailing Address:: 1-13-18-802, Sugahara, Higashiyodogawa-ku

City of Mailing Address:: Osaka-shi

State or Province of Mailing Address:: Osaka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 533-0022

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kengo

Middle Name::

Family Name:: AKIMOTO

Name Suffix::

City of Residence:: Kawasaki-shi

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: 2-75-404, Idasugiyamacho, Nakahara-ku

City of Mailing Address:: Kawasaki-shi

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 211-0036

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yasuo

Middle Name::

Family Name:: MATSUMURA

Name Suffix::

City of Residence::

State or Province of Residence:: Kitakatsuragi-gun

Country of Residence:: Nara

Street of Mailing Address:: 66, Kitamitsubo, Shinjochō

City of Mailing Address:: Kitakatsuragi-gun

State or Province of Mailing Address:: Nara

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 639-2142

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number:: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/JP2004/016351	10/28/2004

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-369147	10/29/2003	Yes

## **Assignee Information**

Assignee Name::	SUNTORY LIMITED
Street of Mailing Address::	1-40, Kojimahama 2-chome, Kita-ku
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	530-8203

**Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-369147	10/29/2003	Yes
			Yes
			Yes

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